

# Freedom Academy News Release Questionnaire

Name: \_\_\_\_\_ Hometown: \_\_\_\_\_  
last, first, middle initial

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female (circle one)  
month, day, year

Parent or Guardian

Father: \_\_\_\_\_  
first name last name

Mother: \_\_\_\_\_  
first name last name

Guardian: \_\_\_\_\_  
first name last name

Guardian: \_\_\_\_\_  
first name last name

Name of your high school: \_\_\_\_\_ City: \_\_\_\_\_

Newspaper in your home town: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How do you feel about being selected to attend the Michigan Freedom Academy?

\_\_\_\_\_  
\_\_\_\_\_

List volunteer work, professional clubs, organizations, awards, athletics, etc.

\_\_\_\_\_  
\_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ City: \_\_\_\_\_

Job Description: \_\_\_\_\_

*I authorize the information contained in this news release questionnaire to be used in the preparation of an official Freedom Academy news release, which will be sent to the newspaper listed above.*

Signature of student applying to the Michigan Freedom Academy \_\_\_\_\_ date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ date \_\_\_\_\_ ENCLOSURE 9